

**IN THE UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF OHIO
EASTERN DIVISION**

IN RE: 2265 Enterprise East LLC,) Case No. 19-52510
)
 Debtor.) Chapter 11
)
) Judge Koschik

NOTICE OF PROOF OF INSURANCE

PLEASE TAKE NOTICE that Debtor 2265 Enterprise East LLC hereby submits as Exhibit A hereto the attached Certificate of Property Insurance underwritten by Travelers Property Casualty Co. of America, dated as of 11/07/2019, evidencing the terms of a policy of Property Insurance identifying the Insured as 2265 Enterprise East LLC (DIP) with limits of \$36,867593 (Blanket Building), \$412,000 (Blanket Personal Property) and \$7,434,800 (BI and Extra Expense). The policy carries a \$25,000 deductible.

PLEASE TAKE FURTHER NOTICE that the Policy Effective Date was 4/11/2019, and that the Policy Expiration Date is 4/11/2020, evidencing that the Insurance Policy has been in continuous force since a date prior to the filing of this case on October 20, 2019, and will remain in force through 4/11/2020.

PLEASE TAKE FURTHER NOTICE that pursuant to the requirements established by the Office of the U.S. Trustee, John Weaver of the U.S. Department of Justice is identified as a Certificate Holder on the policy, and that the Certificate accordingly provides that the Office of the United States Trustee would receive notice of any cancellation of the policy prior to the expiration date.

PLEASE TAKE FURTHER NOTICE that Debtor 2265 Enterprise East LLC

hereby submits as Exhibit B hereto the attached Certificate of Liability Insurance underwritten by Travelers Property Casualty Co. of America and by The Phoenix Insurance Company, also dated as of 11/07/2019, evidencing the terms of a policy of Liability Insurance identifying the Insured as 2265 Enterprise East LLC (DIP) with limits of \$1,000,000 per occurrence and a general aggregate limit of \$2,000,000, and with other limits and terms as set forth on the Certificate.

PLEASE TAKE FURTHER NOTICE that the Policy Effective Date was 4/11/2019, and that the Policy Expiration Date is 4/11/2020, evidencing that the Insurance Policy has been in continuous force since a date prior to the filing of this case on October 20, 2019, and will remain in force through 4/11/2020.

PLEASE TAKE FURTHER NOTICE that pursuant to the requirements established by the Office of the U.S. Trustee, John Weaver of the U.S. Department of Justice is identified as a Certificate Holder on the policy, and that the Certificate accordingly provides that the Office of the United States Trustee would receive notice of any cancellation of the policy prior to the expiration date.

Respectfully submitted,

/s/ Thomas W. Coffey
Thomas W. Coffey (0046877)
Coffey Law LLC
2430 Tremont Avenue
Cleveland, OH 44113
(216) 870-8866
tcoffey@tcoffeylaw.com

CERTIFICATE OF SERVICE

I hereby certify that a copy of the foregoing Notice of Proof of Insurance, together with Exhibits A and B was sent via the Court's electronic case filing system to all counsel and parties in interest herein on this 27th day of November, 2019.

/s/Thomas W. Coffey
Thomas W. Coffey (0046877)



CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
11/07/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERNS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

| | | |
|---|--|--------------|
| PRODUCER | CONTACT NAME: PHONE (A/C. No. Ext): (866) 283-7122 FAX (A/C. No.): (800) 363-0105 | |
| Aon Risk Services Northeast, Inc. Cleveland OH Office 1660 West Second Street Skylight Office Tower Suite 650 Cleveland OH 44113 USA | EMAIL ADDRESS: PRODUCER CUSTOMER ID#: | 570000056850 |
| INSURED | INSURER(S) AFFORDING COVERAGE NAIC # | |
| 2265 Enterprise East, LLC (DIP) 2265 Enterprise PKWY East Twinsburg OH 44087 USA | INSURER A: Travelers Property Cas Co of America | 25674 |
| | INSURER B: | |
| | INSURER C: | |
| | INSURER D: | |
| | INSURER E: | |
| | INSURER F: | |
| COVERAGES | CERTIFICATE NUMBER: 570079174115 REVISION NUMBER: | |

LOCATION OF PREMISES/ DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE | | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YYYY) | POLICY EXPIRATION DATE (MM/DD/YYYY) | COVERED PROPERTY | LIMITS |
|----------|-------------------|--|-------------------|------------------------------------|-------------------------------------|----------------------------------|--------|
| A | X PROPERTY | CAUSES OF LOSS DEDUCTIBLES | Y6303N439524T1L19 | 04/11/2019 | 04/11/2020 | BUILDING | |
| | | BASIC BUILDING | | | | PERSONAL PROPERTY | |
| | | BROAD CONTENTS | | | | BUSINESS INCOME | |
| | X SPECIAL | | | | | EXTRA EXPENSE | |
| | | EARTHQUAKE | | | | RENTAL VALUE | |
| | | WIND | | | | X BLANKET BUILDING \$36,867,583 | |
| | | FLOOD | | | | X BLANKET PERS PROP \$412,000 | |
| | X Blkt Bldg Ded | \$25,000 | | | | BLANKET BLDG & PP | |
| | X Blkt PP Ded | \$25,000 | | | | X BI & Extra Expense \$7,434,800 | |
| | | INLAND MARINE | TYPE OF POLICY | | | | |
| | | CAUSES OF LOSS | | | | | |
| | | NAMED PERILS | | | | | |
| | | CRIME | | | | | |
| | | TYPE OF POLICY | | | | | |
| | | BOILER & MACHINERY / EQUIPMENT BREAKDOWN | | | | | |

SPECIAL CONDITIONS / OTHER COVERAGES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Stop Gap coverage is included under General Liability. Certificate Holder includes: John Weaver, US Department of Justice, Office of the US Trustee, Ohio and Michigan, Region 9, H.M. Metzenbaum US Courthouse, 201 Superior Avenue East Suite, 441, Cleveland, OH 44114.

| | |
|--|--|
| CERTIFICATE HOLDER | CANCELLATION |
| John Weaver US Department of Justice 201 Superior Avenue East, Suite 441 Cleveland OH 44114 USA | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |
| | AUTHORIZED REPRESENTATIVE |

Aon Risk Services Northeast Inc.

THE OHIO LEGAL BLANK CO., INC.



CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
11/07/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S). AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

| | | | |
|---|--|-------------------------------|--------------------------------------|
| PRODUCER | | CONTACT NAME: | |
| Aon Risk Services Northeast, Inc. Cleveland OH Office 1660 West Second Street Skylight office Tower Suite 650 Cleveland OH 44113 USA | | PHONE (A/C. No. Ext): | (866) 283-7122 |
| | | FAX (A/C. No.): | 800-363-0105 |
| | | E-MAIL ADDRESS: | |
| | | INSURER(S) AFFORDING COVERAGE | |
| INSURED | | INSURER A: | Travelers Property Cas Co of America |
| 2265 Enterprise East, LLC (DIP) 2265 Enterprise PKWY East Twinsburg OH 44087 USA | | INSURER B: | The Phoenix Insurance Company |
| | | INSURER C: | |
| | | INSURER D: | |
| | | INSURER E: | |
| | | INSURER F: | |

CDVERAGES

CERTIFICATE NUMBER: 570079174112

REVISION NUMBER:

VERAGES **CERTIFICATE NUMBER:** 07007011412 **REVISION NUMBER:**
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.
Limits shown are as requested.

| INSR LTR | TYPE OF INSURANCE | | ADD'L INS'D | SUB'R WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | | | | | |
|---|----------------------|------------------------------------|--|------------------------------|-------------------|----------------------------|----------------------------|---|-------------|--------------------------|-------------------|-------------|-------|
| | | | | | | | | | | | | | |
| A | X | COMMERCIAL GENERAL LIABILITY | | | Y6303N439524T1L19 | 04/11/2019 | 04/11/2020 | EACH OCCURRENCE | \$1,000,000 | | | | |
| | | CLAIMS-MADE | <input checked="" type="checkbox"/> OCCUR | | | | | DAMAGE TO RENTED PREMISES (EA occurrence) | \$300,000 | | | | |
| | X | No Deductible/SIR | | | | | | MED EXP (Any one person) | \$10,000 | | | | |
| | | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | PERSONAL & ADV INJURY | \$1,000,000 | | | | |
| | X | POLICY | <input type="checkbox"/> PRO- JECT | <input type="checkbox"/> LOC | | | | GENERAL AGGREGATE | \$2,000,000 | | | | |
| | | OTHER: | | | | | | PRODUCTS - COMP/OP AGG | \$2,000,000 | | | | |
| B | AUTOMOBILE LIABILITY | | | | BA 3N438460 19 | 04/11/2019 | 04/11/2020 | COMBINED SINGLE LIMIT (EA accident) | \$1,000,000 | | | | |
| | | ANY AUTO | | | | | | BODILY INJURY (Per person) | | | | | |
| | | OWNED AUTOS ONLY | <input type="checkbox"/> SCHEDULED AUTOS | | | | | BODILY INJURY (Per accident) | | | | | |
| | X | Hired AUTOS ONLY | <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY | | | | | PROPERTY DAMAGE (Per accident) | | | | | |
| | | UMBRELLA LIAB | | OCCUR | | | | Comp./Coll. Deductible | \$1,000 | | | | |
| | | EXCESS LIAB | | CLAIMS-MADE | | | | EACH OCCURRENCE | | | | | |
| | | DED | | RETENTION | | | | AGGREGATE | | | | | |
| WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | | | | | <input type="checkbox"/> Y/N | N/A | | | PER STATUTE | OTHER |
| ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER MEMBER EXCLUDED? (Mandatory in NH) | | | | | | | | <input type="checkbox"/> | | | EL. EACH ACCIDENT | | |
| If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | | | | | EL. DISEASE-EA EMPLOYEE | | | |
| | | | | | | | | | | EL. DISEASE-POLICY LIMIT | | | |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / ACORD 1M. Additional Parameter Schedule, may be attached if more space is required.

Stop Gap coverage is included under General Liability. Certificate Holder includes: John Weaver, US Department of Justice, Office of the US Trustee, Ohio and Michigan, Region 9, H.M. Metzenbaum US Courthouse, 201 Superior Avenue East Suite, 441, Cleveland, OH 44114.

CERTIFICATE HOLDER

CANCELLATION

John Weaver
US Department of Justice
201 Superior Avenue East, Suite 441
Cleveland OH 44114 USA

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Avon Risk Services Northeast, Inc.

ACORD 25 (2016/03)

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EXHIBIT
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